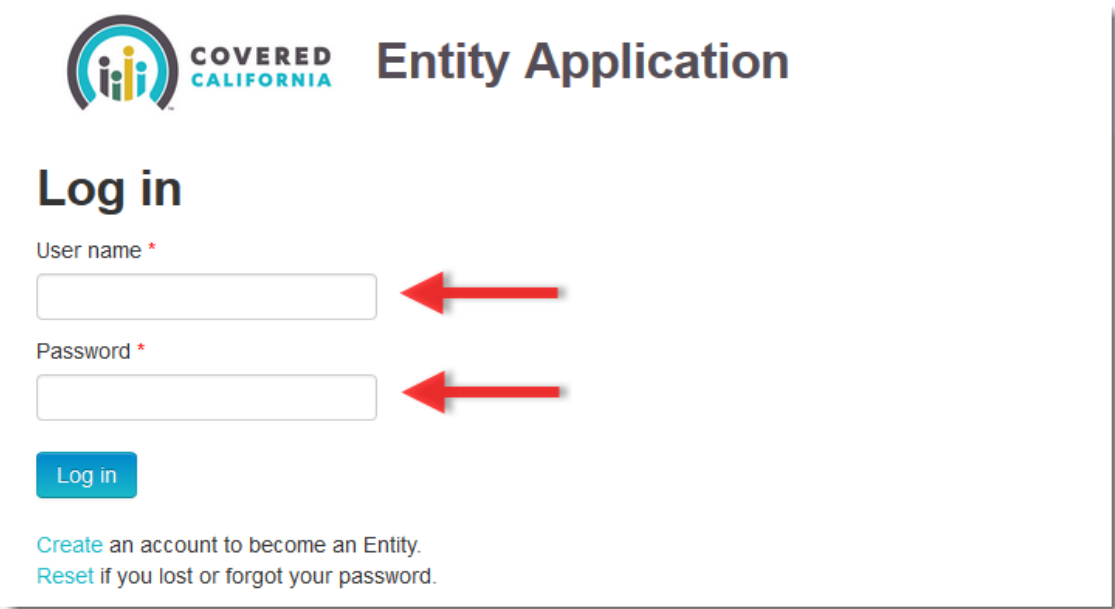


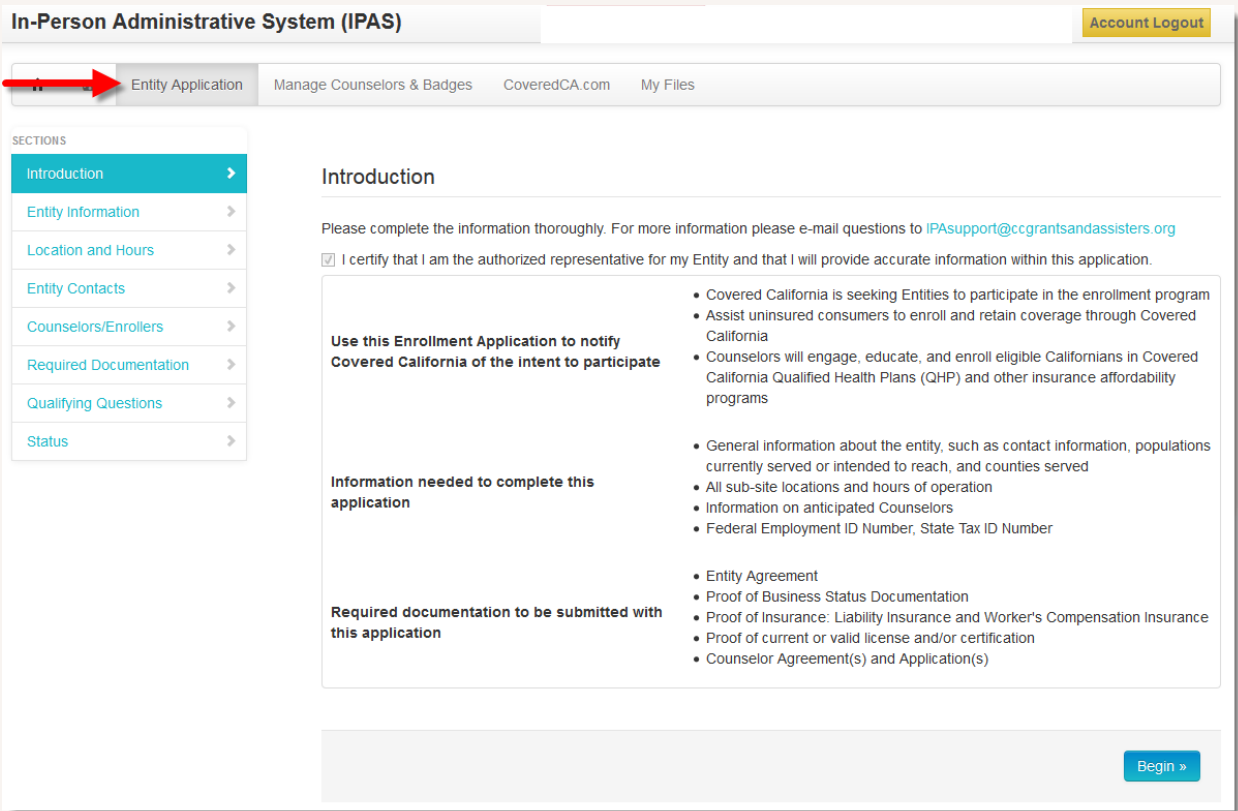
How to Retrieve Required Counselor Documents

How to Retrieve Required Counselor Documents

1. Login to your IPAS account at: <https://ipas.ccgrantsandassistors.org/>

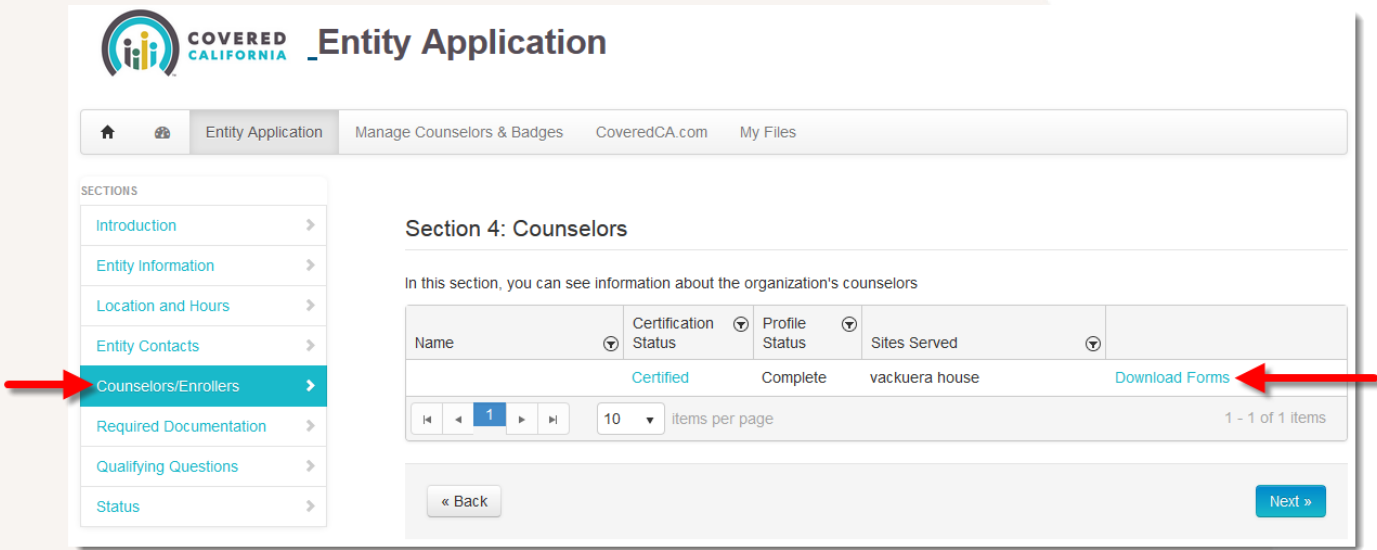


2. Click on the “Entity Application” tab

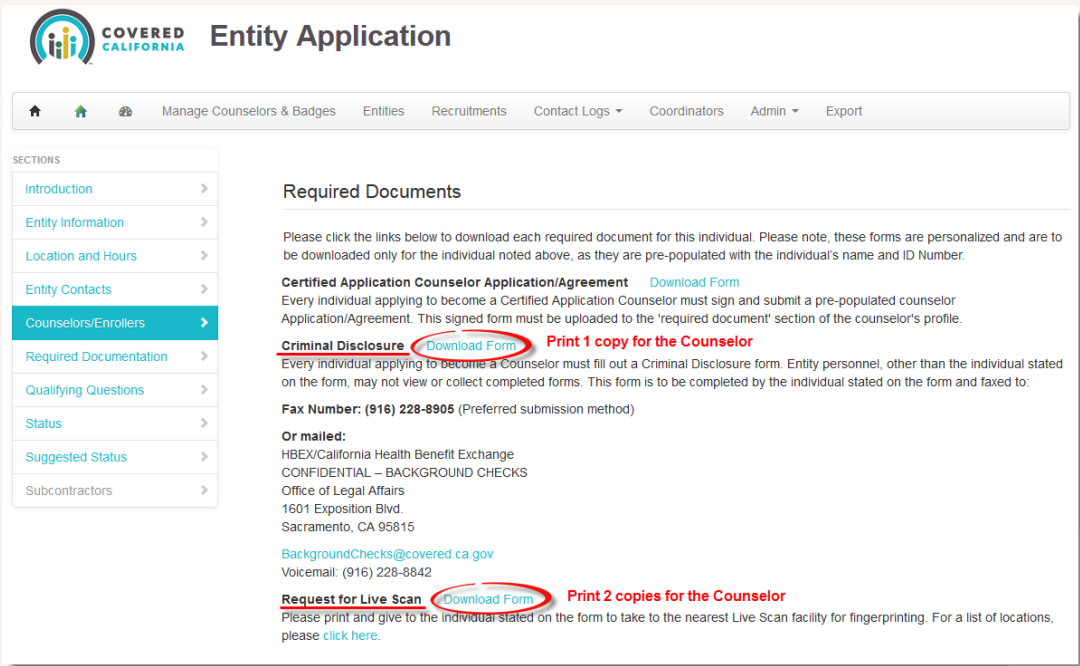


How to Retrieve Required Counselor Documents

- 3. Click on the “Counselor/Enrollers” tab
- 4. Click “Download Forms” for the appropriate counselor



- 5. To download forms:
 - a. Click on “Certified Application Counselor Application/Agreement” and provide **one (1) copy** to the Counselor. Every individual applying to become a Certified Application Counselor must sign and submit a pre-populated Counselor Application/Agreement. This signed form must be uploaded to the 'required document' section of the counselor's profile. This is not applicable for Navigator Certified Enrollment Counselors





How to Retrieve Required Counselor Documents

- b. Click on "Request for Live Scan Form" and provide two **(2) copies** to the Counselor
- c. Click on "Criminal Disclosure Form" and provide **one (1) copy** to the Counselor

**** The individual applying to become a Certified Enrollment Counselor MUST complete this form and fax it directly to Covered California at (916) 228-8905. Although faxing is the preferred submission method, CECs can also mail the form to:**

HBEX/California Health Benefit Exchange
CONFIDENTIAL – BACKGROUND CHECKS
Office of Legal Affairs
1601 Exposition Blvd.
Sacramento, CA 95815

Other than the individual applicant, **no one may view, collect, or submit this form.**

Samples of the forms are displayed below for reference:

Certified Application Counselor Application/Agreement:

Certified Application Counselor - Application			
First Name	Last Name	Middle Name (optional)	Suffix
Legal Name			
<input type="checkbox"/> California Driver's License Number or <input type="checkbox"/> California ID number		Number:	
Email Address			
Primary Phone Number:		Secondary Phone Number:	
Preferred Method of Communication:			
<input type="checkbox"/> Email <input type="checkbox"/> Primary Phone <input type="checkbox"/> Mail			
Is this individual Covered California Certified?	If Yes, Pre-affiliated Entity Name:	If Yes, CEC or CAC Certification #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sites served by this individual:			
Street Address		Suite	
City		State	Zip Code
Spoken Languages:			
<input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> Khmer <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Armenian <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): <input type="checkbox"/> Cantonese <input type="checkbox"/> Hmong <input type="checkbox"/> Mandarin <input type="checkbox"/> Tagalog			
Written Languages:			
<input type="checkbox"/> Arabic <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> Other (specify): <input type="checkbox"/> Armenian <input type="checkbox"/> Hmong <input type="checkbox"/> Russian <input type="checkbox"/> Traditional Chinese Characters <input type="checkbox"/> English <input type="checkbox"/> Khmer <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese			

Certified Application Counselor - Agreement
<p>This Agreement is made between the State of California, acting by and through the California Health Benefit Exchange, hereafter referred to as the "Exchange" and _____ an individual hereafter referred to as "Certified Application Counselor."</p> <p>A. Purpose:</p> <p>The mission of the Exchange is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.</p> <p>Accordingly, the purpose of this agreement is to secure the services of Certified Application Entity to help facilitate to enrollment and retention of Consumers into the subsidized and unsubsidized Qualified Health Plans offered by the Exchange and other insurance affordability programs.</p> <p>B. Definitions:</p> <ol style="list-style-type: none"> Certified Application Counselor: An individual certified by the Exchange and affiliated with a Certified Application Entity pursuant to Section 6866 to provide the duties specified in Section 6864 of Article 4.1 in the California Code of Regulations. Certified Application Entity: An organization registered by the Exchange pursuant to Section 6854 of Article 11 in the California Code of Regulations with affiliated individuals serving as Certified Application Counselors. Consumer: A person seeking information on eligibility and enrollment or seeking application assistance with a health insurance or health related product available through the Exchange. The term consumer includes, but is not limited to, an applicant, an application filer, authorized representative, employer, qualified employee, qualified employer, qualified individual, small employer, or enrollee as defined in Section 6410 Title 10, of the California Code of Regulations. Insurance Affordability Program: A Program that is one of the following: <ol style="list-style-type: none"> (1) Medi-Cal (2) Children's Health Insurance Program (CHIP) (3) Advance Premium Tax Credit (APTC) (4) Cost-Sharing Reduction (CSR) (5) A State's basic health program Qualified Health Plans (QHPs): QHP has the same meaning as that term is defined in Patient Protection and Affordable Care Act Section 1301, 42 U.S.C. 18021. For purposes of this Agreement, QHPs shall be limited to plans made available through



How to Retrieve Required Counselor Documents

Certified Application Counselor - Agreement

3. Obtained written authorization from the consumer consenting to the release of his or her personally identifiable information as defined in Article 8 in order to fulfill the duties as described in section 6864.
 - (B) Oral authorization shall be accompanied by a written attestation completed by the Certified Application Counselor affirming under penalty of perjury that the Certified Application Counselor:
 1. Is a Certified Application Counselor affiliated with a Certified Application Entity;
 2. Conveyed all the information required under this subdivision to the consumer in a language and manner which he or she understands; and
 3. Obtained oral authorization from the consumer consenting to the release of his or her personally identifiable information in order to fulfill the duties as described in section 6864.
 - (4) Inform the consumer that the Certified Application Counselor cannot choose a health insurance plan on the consumer's behalf;
 - (5) Inform the consumer that the Certified Application Counselor will provide the consumer with information regarding the health insurance options and insurance affordability programs for which he or she may be eligible;
 - (6) Inform the consumer that his or her personally identifiable information will be kept private and secure in accordance with the standards set forth in § 45 C.F.R. 155.260;
 - (7) Inform the consumer that if the Certified Application Counselor cannot assist the consumer, he or she will refer the consumer to another Certified Application Counselor or the Covered California Call Center;
 - (8) Inform the consumer that the Certified Application Counselor will not charge a fee in exchange for performing the duties described in section 6864;
 - (9) Inform the consumer that the assistance is based only on the information provided by the consumer, and if the information given is inaccurate or incomplete, the Certified Application Counselor may not be able to offer assistance;
 - (10) Inform the consumer that the authorization set forth in section 6864 (b)(3) may be revoked at any time; and
 - (11) Maintain a record of such authorization for a minimum of six (6) years.
- (c) Certified Application Counselors shall include the following in a consumer's application to the Exchange:
- (1) Name and certification number of the Certified Application Counselor;
 - (2) Name of the Certified Application Entity and the Certified Application Entity Number; and
 - (3) Signature and date of signature by the Certified Application Counselor.

Certified Application Counselor - Agreement

6. the Exchange on the individual market.

C. Roles and Responsibilities

- (a) Certified Application Counselors shall perform the following functions:
- (1) Provide information to individuals and employees about the full range of QHP options and insurance affordability programs for which they are eligible, which includes providing fair, impartial, and accurate information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process;
 - (2) Assist individuals and employees in applying for coverage in a QHP through the Exchange and for insurance affordability programs; and
 - (3) Help to facilitate enrollment of eligible individuals into QHPs and insurance affordability programs;
 - (4) Comply with the privacy and security requirements in 45 C.F.R. § 155.260;
 - (5) Act in the best interest of the applicants assisted;
 - (6) Either directly or through an appropriate referral to assistance personnel certified pursuant to Article 8 of this Chapter, provide information in a manner that is accessible to individuals with disabilities, as defined by the Americans with Disabilities Act, as amended, 42 U.S.C. 12101 et seq. and section 504 of the Rehabilitation Act, as amended, 29 U.S.C. 794; and
 - (7) Ensure that voter registration assistance is available in compliance with section 6462 of Article 4 of this Chapter; and
 - (8) Comply with any applicable federal or state laws and regulations.
- (b) Prior to receiving access to any consumer's personally identifiable information as defined in section 6650, the Certified Application Counselor shall:
- (1) Inform the consumer that the Certified Application Counselor must obtain his or her authorization prior to accessing any personally identifiable information;
 - (2) Inform each consumer of the roles and responsibilities of the Certified Application Counselor as set forth in section 6864;
 - (3) Obtain oral or written authorization from the consumer to access the consumer's personally identifiable information;
- (A) Written authorization shall contain a consumer's signature and a written attestation completed by the Certified Application Counselor affirming under penalty of perjury that the Certified Application Counselor:
1. Is a Certified Application Counselor affiliated with a Certified Application Entity;
 2. Conveyed all the information required under this subdivision to the consumer in a language and manner which he or she understands; and

Certified Application Counselor - Agreement

- (d) If any of the information listed in subdivision (c) of this section is not included on the consumer's original application, it may not be added at a later time.
- (e) Certified Application Counselors shall wear the badge issued by the Exchange at all times when performing duties under section 6864.
- (f) Certified Application Entities must maintain a physical presence in the state of California so that face-to-face assistance can be provided to applicants and enrollees.
- (g) Certified Application Entities shall maintain a registration process and method to track the performance of Certified Application Counselors.
- (h) To ensure that information provided as part of any Consumer Assistance is culturally and linguistically appropriate to the needs of the population being served, including individuals with limited English proficiency as required by 45 C.F.R. §§ 155.205(c)(2) and 155.225, Certified Application Entities and Certified Application Counselors shall:
 - (1) Develop and maintain general knowledge about the racial, ethnic, and cultural groups in their service area, including each group's diverse cultural health beliefs and practices, preferred languages, health literacy, and other needs;
 - (2) Collect and maintain updated information to help understand the composition of the communities in the service area, including the primary languages spoken;
 - (3) Provide consumers with information and assistance in the consumer's preferred language, at no cost to the consumer, including the provision of oral interpretation of non-English languages and the translation of written documents in non-English languages when necessary to ensure meaningful access. Use of a consumer's family or friends as oral interpreters can satisfy the requirement to provide linguistically appropriate services only when requested by the consumer as the preferred alternative to an offer of other interpretive services;
 - (4) Provide oral and written notice to consumers with limited English proficiency informing them of their right to receive language assistance services and how to obtain them;
 - (5) Receive ongoing education and training in culturally and linguistically appropriate service delivery; and
 - (6) Implement strategies to recruit, support, and promote a staff that is representative of the demographic characteristics, including primary languages spoken, of the communities in their service area.
- (i) To ensure that Consumer Assistance is accessible to people with disabilities, Certified Application Entities and Certified Application Counselors shall:
 - (1) Ensure that any consumer education materials, Web sites, or other tools utilized for Consumer Assistance purposes are accessible to people with disabilities, including those with sensory impairments, such as visual or hearing impairments, and those with mental illness, addiction, and physical, intellectual, and developmental disabilities;

Certified Application Counselor - Agreement

- (2) Provide auxiliary aids and services for individuals with disabilities, at no cost, where necessary for effective communication. Use of a consumer's family or friends as interpreters can satisfy the requirement to provide auxiliary aids and services only when requested by the consumer as the preferred alternative to an offer of other auxiliary aids and services;
 - (3) Provide assistance to consumers in a location and in a manner that is physically and otherwise accessible to individuals with disabilities;
 - (4) Ensure that legally authorized representatives are permitted to assist an individual with a disability to make informed decisions; and
 - (5) Acquire sufficient knowledge to refer people with disabilities to local, state, and federal long-term services and support programs when appropriate.
- (j) To ensure that no consumer is discriminated against, Certified Application Entities and Certified Application Counselors shall provide the same level of service to all individuals regardless of age, disability, culture, sexual orientation, or gender identity and seek advice or experts when needed.
- (k) Certified Application Entities and Certified Application Counselors may not:
- (1) Impose or induce any fee, charge, or remuneration on applicants for application or other assistance related to the Exchange;
 - (2) Be a QHP;
 - (3) Receive any direct or indirect consideration or from any health insurance issuer or issuer of stop-loss insurance in connection with the enrollment of any individuals in a QHP or a non-QHP;
 - (4) Refer consumers to a specific insurance agent or specific set of insurance agents;
 - (5) Provide gifts, including gift cards or cash or provide promotional items that market or promote the products or services of a third party, to any applicant or potential enrollee as an inducement for enrollment. Gifts, gift cards, or cash may be provided for the purpose of providing reimbursement for legitimate expenses incurred by a consumer in an effort to receive Exchange application assistance, such as, but not limited to, travel or postage expenses;
 - (6) Solicit any consumer for application or enrollment assistance by going door-to-door or through other unsolicited means of direct contact, including calling a consumer to provide application or enrollment assistance without the consumer initiating the contact, unless the individual has a pre-existing relationship with the individual certified application counselor or designated organization and other applicable State and Federal laws are otherwise complied with. Outreach and education activities may be conducted by going door-to-door or through other unsolicited means of direct contact, including calling a consumer;
 - (7) Initiate any telephone call to a consumer using an automatic telephone dialing system or an artificial or prerecorded voice, except in cases where the individual certified application counselor or designated organization has a relationship with

Certified Application Counselor - Agreement

the consumer and so long as other applicable State and Federal laws are otherwise complied with;

(8) Mail the paper application for the consumer;

(9) Coach the consumer to provide inaccurate information on the application regarding income, residency, immigration status and other eligibility criteria;

(10) Coach or recommend one plan or provider over another;

(11) Accept any premium payments from the consumer;

(12) Input any premium payment information on behalf of the consumer;

(13) Pay any part of the premium or provide any form of consideration to the consumer on behalf of the consumer;

(14) Intentionally create multiple applications from the same household, as defined in 45 C.F.R. § 435.603(f), or

(15) Invite, influence, or arrange for an individual whose existing coverage through an eligible employer-sponsored plan is affordable and provides minimum value, as described in 26 USC § 36B(c)(2)(C) and in 26 C.F.R. § 1.36B-2(c)(3)(v) and (vi), to separate from employer-based group health coverage.

(f) Certified Application Counselors shall report to the Exchange any subsequent arrests for which they have been released on bail or personal recognizance and criminal convictions, received by the Exchange in accordance with section 6456 (c) of Article 4, and administrative actions taken by any other agency, within 30 calendar days of the date of each occurrence.

D. Training

(a) All individuals or entities who apply to become a Certified Application Entity shall complete training for the management of Certified Application Entities prior to any affiliated Certified Application Counselors carrying out any Consumer Assistance functions.

(b) All Certified Application Counselors shall complete training in the following subjects prior to carrying out any Consumer Assistance functions under this article:

(1) QHPs (including the metal levels described at 45 C.F.R. § 156.140(b)), and how they operate, including benefits covered, payment processes, rights and processes for appeals and grievances, and contacting individual plans;

(2) The full range of insurance affordability programs, including Medicaid, the Children's Health Insurance Program, and other public programs;

Certified Application Counselor - Agreement

(3) The tax implications of enrollment decisions;

(4) Eligibility requirements for premium tax credits and cost-sharing reductions, and the impacts of premium tax credits on the cost of premiums;

(5) Contact information for appropriate federal, state, and local agencies for consumers seeking additional information about specific coverage options not offered through the Exchange;

(6) Basic concepts about health insurance and the Exchange; the benefits of having health insurance and enrolling through an Exchange; and the individual responsibility to have health insurance;

(7) Eligibility and enrollment rules and procedures, including how to appeal an eligibility determination;

(8) Providing culturally and linguistically appropriate services;

(9) Ensuring accessibility for people with any disability;

(10) Understanding differences among health plans;

(11) Privacy and security standards applicable under 45 C.F.R. § 155.260 for handling and safeguarding consumers' personally identifiable information;

(12) Working effectively with individuals with limited English proficiency, people with disabilities, people of any gender identity, people of any sexual orientation, and vulnerable, rural, and underserved populations;

(13) Customer service standards;

(14) Outreach and education methods and strategies;

(15) Applicable administrative rules, processes and systems related to Exchanges and QHPs; and

(16) Procedures for assisting consumers with voter registration in compliance with section 6462 of Article 4.

(c) In order to maintain certification with the Exchange, on an annual basis, Certified Application Counselors shall pass an exam administered by the Exchange testing the subjects in subdivision (b) of this section.

E. Compliance

Certified Application Counselor must certify that they are in compliance with the program standards established by this Agreement and Article 11, Title 10, of the California Code of Regulations. Any change or failure of the Certified Application Counselor ability to comply shall be reported immediately to the State Program Representatives.

F. Conflict of Interests

Certified Application Counselor - Agreement

(a) Certified Application Entities and Certified Application Counselors must disclose to the Exchange and any potential applicants any relationships with Qualified Health Plans, insurance affordability programs, or other potential conflicts of interest.

(b) Certified Application Entities and Certified Application Counselors shall not concurrently hold a license issued by the California Department of Insurance.

(c) Certified Application Entities and Certified Application Counselors shall not employ, be employed by or be in partnership with, or receive any remuneration arising out of functions performed under this Article from any individual or entity currently licensed by the California Department of Insurance.

(d) Certified Application Entities and Certified Application Counselors shall:

(1) Create a written plan to remain free of conflicts of interest while carrying out functions under this Article; this plan shall be made available upon request to the Exchange;

(2) Provide information to consumers about the full range of QHP options and insurance affordability programs for which they are eligible; and

(3) Disclose to the Exchange and to each consumer who receives application assistance from the entity or individual:

(A) Any lines of insurance business, not covered by the restrictions on participation and prohibitions on conduct in this section, which the entity or individual intends to sell while carrying out the Consumer Assistance functions;

(B) Any existing employment relationships, or any former employment relationships within the last five years, with any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance, including any existing employment relationships between a spouse or domestic partner and any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance; and

(C) Any existing or anticipated financial, business, or contractual relationships with one or more health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance.

(D) I have disclosed all non-prohibited conflicts of interest to the Exchange in Attachment 1 to this agreement.

Certified Application Counselor - Agreement

Attachment 1

Compliance with Conflict of Interest Standards California Code of Regulations, Title 10, Section 6866

1. Disclose any lines of insurance business not covered by the restrictions on participation and prohibitions on conduct contained in Section F which you intend to sell while carrying out consumer assistance functions. If you do not have anything to disclose you must state that below.

(Attach additional sheets as needed)

How to Retrieve Required Counselor Documents

Certified Application Counselor - Agreement

2. Disclose any existing employment relationships, or any former employment relationships within the last five years, with any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance, including any existing employment relationships between a spouse or domestic partner and any health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance. If you do not have anything to disclose you must state that below.

(Attach additional sheets as needed)

Certified Application Counselor - Agreement

3. Disclose any existing or anticipated financial, business, or contractual relationships with one or more health insurance issuers or issuers of stop loss insurance, or subsidiaries of health insurance issuers or issuers of stop loss insurance. If you do not have anything to disclose you must state that below.

(Attach additional sheets as needed)

Certified Application Counselor - Agreement

I, _____, hereby certify that:

1. I shall comply with the Certified Application Counselor Program requirement set forth at California Code of Regulations Title 10, Chapter 12, Article 11.

2. I am a natural person that is 18 years of age or older.

3. The statements made in this application are true, correct, and complete to the best of my knowledge and/or belief.

4. I will adhere to any applicable State and Federal laws and regulations.

Certified Application Counselor(s) Signature

Name (Print)

Date

☐ I agree to have the above individual affiliated with the stated Entity.

Certified Application Entity Name

Certified Application Entity #.


Signature of Authorized Contact of Certified Application Entity

Name (Print)

Date

Criminal Disclosure Form:

Covered California
Criminal Record Disclosure



DO NOT RETURN THIS FORM TO YOUR EMPLOYER.
This form must be completed by all individuals applying to become a Certified Counselor and faxed directly to Covered California by the individual applying. Other than the individual applicant, no one may view, collect or submit this form.

THIS FORM MUST BE FAXED TO:
HHS/Covered California Health Benefit Exchange | CONFIDENTIAL - BACKGROUND CHECKS | Office of Legal Affairs | 1401 Exposition Blvd | Sacramento, CA 95833.
Fax No: (916) 228-8905

INSTRUCTIONS TO INDIVIDUALS APPLYING TO BECOME CERTIFIED COUNSELORS:
In order to become a Certified Counselor, the law requires that you complete a background check (Government Code section 1043) and fill out this form (California Code of Regulations, Title 10, Section 6654(d)(9)).
You MUST disclose convictions and administrative actions even if:
1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You did not go to jail or prison or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation.
A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty for any crime. Criminal convictions from another State or Federal Court are considered the same as criminal convictions.
NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) OR ADMINISTRATIVE ACTIONS THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) OR ADMINISTRATIVE ACTION(S) WILL RESULT IN A DISQUALIFICATION TO BECOME A CERTIFIED COUNSELOR.

Have you ever been convicted of a crime in California?.....

YES ☐ NO ☐

Have you ever been convicted of a crime from another state, federal court, Military proceeding or jurisdiction outside of the U.S.?.....

YES ☐ NO ☐

Have you ever had an Administrative Action against you from another State Agency?.....

YES ☐ NO ☐

Are you currently out on bail or on your own recognizance for any arrest?.....

YES ☐ NO ☐

If you answered YES to any of the above questions, give details on page 2 of this form indicating the date and location of each crime or administrative action and, if desired, the nature and circumstances of the offense. If you need additional space or have more than three offenses or administrative actions to declare, you must use additional sheets and fax or mail in all sheets to the address listed above.

PRIVACY STATEMENT
Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.


Covered California will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).

NOTE: IMPORTANT INFORMATION: Under the California Public Records Act, Covered California may have to provide copies of some of the records in your file to members of the public who ask for them, including newspaper and television reporters. Covered California must also tell people who ask the name of a Certified Enrollment Entity that has a Certified Counselor with a criminal record exemption.

QUESTIONS?

If you have any questions about this form, please email: IPAsupport@ccgrantsandassisters.org
Page 1 of 2

Covered California
Criminal Record Disclosure



DO NOT RETURN THIS FORM TO YOUR EMPLOYER.
This form must be completed by all individuals applying to become a Certified Counselor and faxed directly to Covered California by the individual applying. Other than the individual applicant, no one may view, collect or submit this form.

THIS FORM MUST BE FAXED TO:
HHS/Covered California Health Benefit Exchange | CONFIDENTIAL - BACKGROUND CHECKS | Office of Legal Affairs | 1401 Exposition Blvd | Sacramento, CA 95833.
Fax No: (916) 228-8905

FIRST OFFENSE, PENDING CHARGE, OR ADMINISTRATIVE ACTION
What was the first offense, pending charge or administrative action?:

When did it occur?:

Where did it occur?:

City:

State:

Tell us what happened (optional):

SECOND OFFENSE, PENDING CHARGE, OR ADMINISTRATIVE ACTION
What was the second offense, pending charge or administrative action?:

When did it occur?:

Where did it occur?:

City:

State:

Tell us what happened (optional):

THIRD OFFENSE, PENDING CHARGE, OR ADMINISTRATIVE ACTION
What was the third offense, pending charge or administrative action?:

When did it occur?:

Where did it occur?:

City:

State:

Tell us what happened (optional):

PERSONAL INFORMATION
I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and accompanying attachments are true and correct.

Employer Name:

Employer ID Number (EIN):

Your Name (PRINT CLEARLY):

Social Security Number: - - - - -

Your Address:

California Driver's License or ID #:

City:

Zip:

Date of Birth:

Telephone:

Signature:

Date:

QUESTIONS?

If you have any questions about this form, please email: IPAsupport@ccgrantsandassisters.org
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How to Retrieve Required Counselor Documents

Request for Live Scan Form:

Covered California Request for Live Scan
Certified Enrollment Counselor Applicant Form



COVERED
CALIFORNIA



abcxyz12345

CONTRACT CODE: **DFJK**

This form should be used only by the individual whose name is pre-populated.
Altering the name, or sharing the document with others is prohibited.
▲ Counselor Must Complete The Section Below (Print in CAPITAL LETTERS)

Applicant Information

Name: Han Solo

Suffix:

Alias:

Sex:

Eye Color:

Date of Birth:

Hair Color:

Social Security Number: - -

Height:

California Driver's License:

Weight:

Home Address

Street Address: 12345 Main Street

City: Fresno

State: CA

Zip: 93650 -

OCA

Rebel Fleet

Name of the Certified Enrollment Entity

Live Scan Agency Name

Live Scan ID (LSID)

Date

Name of Operator

ATI Number

OATI (Resubmission Only)

QUESTIONS?

Regarding the Live Scan process, locations or appointments call: 877-288-5519
(Monday through Saturday, 9:00 AM to 5:00 PM) or email at coveredca@capitalivescan.com
You may also visit the Web page at http://www.capitalivescan.com/locations_statewide_network.html
Regarding Covered California Enrollment Assistance Program email: IPAsupport@ccgrantsandassistors.org
You may also visit the Covered California Website at coveredca.com

10/09/2015

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